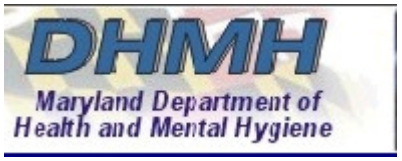


# DEPARTMENT OF HEALTH & MENTAL HYGIENE

# MEDICAL CARE PROGRAM

## COMPANION GUIDE FOR
## 837 HEALTHCARE CLAIM PROFESSIONAL
## VERSION 004010X098A1

**January 24, 2011**

**Version 6**

# Health Care Claim Professional - 837

**Introduction**:

This Companion Guide contains a subset of the data content established for the Health Care Claim Transaction Set (837). This transaction can be used to submit health care claim/encounter billing information from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.).

This Companion Guide governs electronic billing of professional services on an ASC X12 837- Professional (004010X098A1) transaction. Please refer to Maryland Medicaid Billing Instructions for specific services to be billed using this transaction.

This guide is not to be used as a substitution for the 837 Health Care Claim Implementation Guide. The objective of the document is to clarify what information is needed by Maryland Medicaid where multiple values exist and specific values are needed.

All alpha characters must be in upper case. Data must be in ASCII format. It is highly recommended that you do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric.
Transactions containing non ASC X12N compliant data will be rejected prior to adjudication. An ASC X12N 997 transaction will be used to convey the rejection and may include an associated reason.

Always use the 2000B Subscriber Loop (Subscriber Hierarchical Level), since for Maryland Medicaid, the Subscriber is the same person as the Patient.

**HI Segment Mapping Clarification**
The following provides clarification for mapping HI segments where the occurrence is 2 (or more). In instances where the HI segment occurs 2 (or more) times, it is required that all Data Elements (DEs) of the first occurrence of the HI will be used. In most cases, this provides up to 12 DEs to use to convey the appropriate information for that HI instance. For example:

**Correct Mapping:** `HI*BH:42:D8:20041123*BH:25:D8:20020719`

**Incorrect Mapping:** `HI*BH:42:D8:20041123`
`HI*BH:25:D8:20020719`

DHMH will only map DEs within the first HI segment and requests that any needed information to adjudicate a claim is made available in the first HI segment instance.

**Transmission Considerations**

Trading Partners are requested to follow the 837 Implementation Guide recommendations to limit the number of CLMs within a transaction (ST-SE envelope) to 5,000. (See section 2.8 of the 837 Implementation Guides). In cases where the Trading Partner needs to transmit several 5000 CLM files, DHMH recommends uploading the files one at a time in five minute intervals to avoid file submission problems.

Trading partners are requested to use unique Group Control Numbers (GS06) for all interchanges submitted to DHMH. This provides ease of tracking for the Trading Partner for reconciliation and easy identification for DHMH support staff for troubleshooting, identifying 997s and verifying results.

This Companion Guide can be found on the State of Maryland Department of Health and Mental Hygiene Web site at:
http://www.dhmh.state.md.us/hipaa/transandcodesets.html

## Maryland Medicaid Companion Guide - 837 Professional Claims

| LEGEND: |
|---|
| ***SHADED rows represent "segments" in the X12N implementation guide*** |
| ***NON-SHADED rows represent "data elements" in the X12N implementation guide*** |

| Page # | Loop ID | Reference | Name | Codes | Length | Note/Comment |
|---|---|---|---|---|---|---|
| **B.3** | | | **Interchange Control Header** | | | |
| B.3 | | ISA01 | Authorization Information Qualifier | 00 | | |
| B.4 | | ISA03 | Security Information Qualifier | 00 | | |
| B.4 | | ISA05 | Interchange ID Qualifier | | | Agreed upon during trading partner set-up |

| Page # | Loop ID | Reference | Name | Codes | Length | Note/Comment |
|---|---|---|---|---|---|---|
| B.4 | | ISA06 | Interchange Sender ID | | | Agreed upon during trading partner set-up |
| B.4 | | ISA07 | Interchange ID Qualifier | ZZ | | |
| B.5 | | ISA08 | Interchange Receiver ID | | | 526002033MCPP - Production<br>526002033MCPT - Test |
| B.6 | | ISA14 | Acknowledgment Requested | 0 | | No TA1 returned.<br>Note: A 997 will be returned. |
| B.6 | | ISA15 | Usage Indicator | | | T for Test Data<br>P for Production Data |
| **B.8** | | | **Functional Group Header** | | | |
| B.8 | | GS02 | Application Sender's Code | | | Agreed upon during trading partner set-up |
| B.8 | | GS03 | Applications Receiver's Code | | | MMISCLM |
| B.9 | | GS08 | Version/Release/Industry Identifier Code | | | 004010X098A1 |
| **67** | **1000A** | | **Submitter Name** | | | |
| 69 | | NM109 | Submitter Primary Identifier | | | Same as GS02 |
| **74** | **1000B** | | **Receiver Name** | | | |
| 75 | | NM103 | Receiver Name | | | Maryland Medical Care Program |
| 75 | | NM109 | Receiver Primary Identifier | | | 526002033MCP |
| **117** | **2010BA** | | **Subscriber Name** | | | |
| 119 | | NM108 | Identification Code Qualifier | MI | | |
| 119 | | NM109 | Subscriber Primary Identifier | | 11 | Patient's Maryland Medical Assistance Number |
| **130** | **2010BB** | | **Payer Name** | | | |
| 131 | | NM103 | Payer Name | | | Maryland Medical Care Program |
| 131 | | NM109 | Payer Identifier | | | 526002033MCP |
| **152** | **2000C** | | **Patient Hierarchical Level** | | | **This loop will not be supported by Maryland Medicaid since the subscriber is always the patient** |

| Page # | Loop ID | Reference | Name | Codes | Length | Note/Comment |
|---|---|---|---|---|---|---|
| **170** | **2300** | | **Claim Information** | | | |
| 230 | | REF01 | Reference Identification Qualifier | F8 | 2 | Use when replacing or voiding claims. |
| 230 | | REF02 | Claim Original Reference Number | | 17 | Invoice control number assigned by Maryland Medicaid of the claim to be replaced or voided. |
| 233 | | NTE01 | Note Reference Code | DGN | 3 | Diagnosis Description |
| 233 | | NTE02 | Claim Note Text | | 5 | Used for abortion and sterilization Condition Codes.<br>Format must be sent as:<br>D10<Condition Code><br>Ex: NTE*DGN*D10AD<br>Please refer to the DHMH Billing Instructions for valid code values. |
| 233 | | NTE01 | Note Reference Code | ADD | 3 | Additional Information |
| 233 | | NTE02 | Claim Note Text | | 1 | TPL override as defined in Maryland Medical Care Program billing instructions. Override needs to be in the first position. |